

Registration Form: Training Program for Leadership in Rehabilitation Research

**October 3, 2002
Philadelphia Hyatt Regency**

**Sponsored by: National Center for Medical Rehabilitation Research, NICHD
Department of Veterans Affairs Rehabilitation Research and Development Service
National Institute for Disability and Rehabilitation Research**

Name: _____

Organization: _____

Position: _____

Date: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Do you request funds for travel? Y _____ N _____

Individuals requesting funds for travel will receive a separate communication including instructions on how to apply for funds and to make travel reservations. If requesting funds DO NOT make reservations until you receive this information.

Do you require any special accommodations? Y _____ N _____

Please describe the research goals for your department/division, the current state of your organization regarding research, and the steps and obstacles you foresee in developing a research enterprise.